

Abstract 420

TITLE: Acceptance of Alternate HIV Counseling and Testing Strategies

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BACKGROUND/OBJECTIVE: Survey data have shown that many people at high risk for HIV infection would prefer alternatives to traditional HIV counseling and testing (C/T), which requires venipuncture, pre-test risk-reduction counseling, a week's wait and a second visit for test results. We evaluated differences in acceptance, completion of testing, and receipt of test results for three alternative C/T strategies, among clients at a needle exchange (NE), two bath houses (BH) for men who have sex with men, and an STD clinic (STD).

METHODS: Four C/T strategies are being offered on random days at each study site on a total of 250 days: (1) traditional blood testing, (2) rapid blood testing, (3) oral fluid testing, and (4) traditional testing with the option of written materials instead of face-to-face pre-test counseling. At the NE and BH, all clients are also offered the choice of receiving results by telephone or face-to-face. A masked interim data analysis was performed after the first 46 days of testing (3-7 days per strategy at each site); each testing strategy was identified only by letter. The randomization will be unmasked before the conference, allowing us to identify which strategy was preferred at each venue.

RESULTS: To date, 1813 clients have been offered testing at the NE, 1271 at the BH, and 205 at the STD; in total, 258 (7.8%) have been tested. Within sites, testing acceptance varied by strategy, ranging from 3% to 7% at the NE, 8% to 12% at the BH, and 46% to 55% at the STD. Among those accepting testing, completion of specimen collection ranged from 45% at the NE to 99% at the STD. Similarly, the proportion of tested persons receiving their results varied by site and strategy, ranging from 29% to 69% at the NE, 42% to 100% at the BH, and 57% to 94% at the STD. At the NE and BH, 77% of clients preferred written materials pre-test, but 90% of clients at the BH chose telephone results, compared with 20% at the NE.

CONCLUSIONS: Although preferences for different HIV testing strategies were similar among the three groups of high-risk persons, markedly different proportions of persons accepted testing at different venues. Many clients at the NE and BH who agreed to testing did not complete specimen collection. Clients at both the NE and BH prefer written materials for pre-test counseling, but more BH than NE clients chose to receive test results by telephone.

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